



## Individual Membership Application Form

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Other names you are known by/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*Please circle preferred phone number for your timebank contact above

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

How did you hear about the timebank?

Friend  Brochure or Poster  Internet  Organization  Other \_\_\_\_\_

Do you need an Online Partner to help you with the Internet? \_\_\_Yes \_\_\_No

Are you interested in being an Online Partner for a member without internet access? \_\_\_Yes \_\_\_No

List 2 interests/services you might want to provide to other members:

\_\_\_\_\_  
\_\_\_\_\_

List 2 services you might want to receive from other members:

\_\_\_\_\_  
\_\_\_\_\_

Are there other timebank members in your household? If so, please share their names so we can match up your records as a household. Additional names may be listed on the back of this page.

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have any special needs, mobility issues, physical, mental or emotional limitations, medical conditions, or allergies that we should know about?

\_\_\_\_\_

Form date 07-01-2013

Email to: [join@tbanks.org](mailto:join@tbanks.org)

Or Mail to: Timebanks of Puget Sound, 6619-132nd Ave NE PMB 183, Kirkland, WA 98033-8627

**EMPLOYMENT AND VOLUNTEER HISTORY**

Current Employer (if applicable)

\_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position/Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Volunteer Position(s)

Organization Name, Position/Title, Duration of Volunteering (dates)

1. \_\_\_\_\_

2. \_\_\_\_\_

**BACKGROUND CHECKS**

**We require a background check for all members.**

Are you willing to have a background check? **YES / NO**

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Parent or Guardian Signature (if under 18) Printed Name Date

*This information will be stored in a secure database for the exclusive use of Timebanks of Puget Sound and will be used solely for the purposes of processing your application.*

***Omissions or misrepresentation of information on your application may disqualify you from participation in the timebank. Affirmative answers to the following questions will not necessarily disqualify an applicant from participation.***

**Have you ever been convicted of a crime? \_\_\_ YES \_\_\_ NO**

**If "yes," please describe**

\_\_\_\_\_

**Have you ever had findings made against you in any civil adjudicative proceeding (e.g., involuntary commitment for mental illness, etc.) \_\_\_ YES \_\_\_ NO**

**If "yes," please describe**

\_\_\_\_\_

**Have you ever had a court order issued against you? \_\_\_ YES \_\_\_ NO**

**If "yes", please describe and provide a copy of the order or the reference number.**

List the cities and states where you have lived for the last seven (7) years:

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**PERSONAL, PROFESSIONAL OR VOLUNTEER REFERENCES**

Please list two references not related to you.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Affiliation, Position or Relationship to You \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Affiliation, Position or Relationship to You \_\_\_\_\_

**Yearly Membership Contribution:**

\$75 for household

\$40 for individuals

\$15 for college students and people with income under \$25,000

\$5 for high school students

Please make checks out to: **Timebanks of Puget Sound**

*Please bring filled out forms and your initial donation to your new member orientation (see your timebanks website for upcoming orientations), and please RSVP to the email address below for the orientation you plan to attend.*

PLEASE CONTINUE ON THE NEXT PAGE.

**RELEASE OF LIABILITY & MEMBERSHIP AGREEMENTS**

**Please initial the statements below as you finish reading them:**

- 1. I understand that the references, employers and volunteer organizations I have provided may be contacted and that the Timebanks of Puget Sound may do a background check on applicants. \_\_\_\_\_
- 2. I consent to the release of all relevant information concerning my ability and fitness to participate as a timebank member. \_\_\_\_\_
- 3. I understand that, as a timebank, we offer neighborly services to each other. Members provide services to the best of their ability and do not guarantee their work. I understand that my neighborhood/community timebank and Timebanks of Puget Sound are coordinating agencies only and cannot guarantee the performance of anyone who is referred, and is not responsible for the services performed. \_\_\_\_\_
- 4. I understand that expenses for any materials used will be the responsibility of the recipient, and expenses will be agreed upon before the service is delivered. \_\_\_\_\_
- 5. I agree to only exchange lawful services through the timebank. \_\_\_\_\_
- 6. I understand that Timebanks of Puget Sound cannot be held responsible for any injury to persons or damage to property experienced while involved with the program. The applicant hereby agrees to hold Timebanks of Puget Sound, as well as its employees and/or agents harmless from any and all claims or liabilities for any activities performed by a timebank volunteer. \_\_\_\_\_
- 7. I agree to take responsibility for any accident or injuries that I might suffer while on property owned or rented by any timebank member and waive any claim against that member. \_\_\_\_\_
- 8. I assume complete responsibility for the supervision and safety of my family members, including children, and take responsibility for any damage or accident in which my family members may be involved. \_\_\_\_\_
- 9. I understand that there will be immediate termination of membership of any member who harasses, harms, or interferes with any other timebank member or the Timebanks of Puget Sound organization. \_\_\_\_\_
- 10. I agree to refer any complaints or concerns to Timebanks of Puget Sound and to refer any disagreements with another timebank member to my neighborhood/community timebank. \_\_\_\_\_
- 11. I agree that if I use my personal vehicle in rendering volunteer service through my timebank, I will, in accordance with Washington law, arrange to keep in effect legal automobile liability insurance covering bodily injury and property damage. \_\_\_\_\_
- 12. I pledge not to reveal the password to or contents of Timebanks of Puget Sound member database, and I will use reasonable care to protect the password. \_\_\_\_\_
- 13. I have read the member policies document and agree to its terms. \_\_\_\_\_

14. I agree to be held to the standards expressed in the Timebanks of Puget Sound Code of Conduct.

**Code of Conduct**

- Prior to receiving a service, I will first ascertain the competency of the server to deliver that service to the extent that meets my level of comfort
- I will clarify all details of my transaction before meeting with my partner, including agreeing on expenses, which are the responsibility of the recipient. Expenses might include reimbursement for gas, materials required to provide the service, etc.
- I will respect my exchange partner's privacy and confidentiality.
- I will recognize that my timebank service is voluntary.
- I will respect my exchange partner's home, property and valuables.
- I will refrain from smoking in or bringing pets to my exchange partner's home, unless invited to do so.
- I will post and maintain at least one offer and one request on the timebank website with my availability, or be working with a timebank representative to help with identifying my skills and needs.
- Communication is key to a successful timebank, and it is my responsibility to answer all timebank phone calls and emails directed to me promptly.
- I will seek out, via the timebank website, offers from other members that appeal to me. \_\_\_\_\_

I certify that the information given on this form is accurate to the best of my knowledge.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*Signature of Parent/Guardian (if under 18)*

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

*The following sections are to be filled out by Timebank Staff:*

**Photo ID type and number:** \_\_\_\_\_

**Meets age requirement of 18 years old or older:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

\_\_\_\_\_  
**Signature of Timebanks of Puget Sound Staff**      **Date**      Payment Method: **Check/ Cr Card/ Cash**

**PLEASE CONTINUE ON THE NEXT PAGE.**

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**Timebanks of Puget Sound sometimes applies for grants. Often these applications require that we provide demographic information about those we serve. We request that you supply as much information as you are comfortable with. We will only use it for grant applications or reporting.**

**1. Gender:** *Check One:*                     Male     Female     Transgender

**2. Age:** \_\_\_\_\_

**3. Homeless:** *Check One:*                     YES     NO

**4. Refugee/Immigrant:** *Check One:*                     YES     NO

**5. Limited English Proficiency:** *Check One:*                     YES     NO

**6. Disability:** *Check One:*                     YES     NO

**7. Household Number:** *Check One:*                     Single Live Alone  
     Single Head of Household with Children  
     Couple Head of Household  
     Couple Head of Household with Children  
     Other

**8. Household Income:** *Check One:*                     \$0-\$10,000                    Annual Income  
     \$10,001-20,000                    Annual Income  
     \$20,001-30,000                    Annual Income  
     \$30,001-40,000                    Annual Income  
     \$40,001-50,000                    Annual Income  
     \$50,001-60,000                    Annual Income  
     Above \$60,000                    Annual Income

**9. a. Past or present US uniformed service, military or other :** *Check One:*                     YES     NO

**b. Partners of persons on active military service:** *Check One*                     YES     NO

**c. Minor dependents of active military:** *Check One:*                     YES     NO

**10. Ethnicity/Race:** *Check all those that apply:*

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Asian, Asian American	<input type="checkbox"/> Other Race
<input type="checkbox"/> Black, African American	<input type="checkbox"/> Multi-Racial (2+ identified)
<input type="checkbox"/> Latino, Latino American, Hispanic	<input type="checkbox"/> Unknown
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

Name (Optional): \_\_\_\_\_

Date: \_\_\_\_\_

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